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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 2269-3056.1US (96-0803.01/US)
Application Number 09/538,684		Filed March 30, 2000
For VARIED-THICKNESS HEAT SINK FOR INTEGRATED CIRCUIT (IC) PACKAGE (as amended)		
Art Unit 2822		Examiner D. Graybill

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to

Deposit Account Number 20-1469. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

- I am the
- applicant/inventor.
 - assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 - attorney or agent of record. Registration Number 28,393
 - attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____

James R. Duzan _____ September 13, 2007
Signature Date

James R. Duzan _____ 801-532-1922
Typed or printed name Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

CERTIFICATE OF MAILING

09/18/2007 AAKNADI 00000010 09538684

Express Mail Label Number: EV962534702US

01 FC:1251

120.00 OP

Date of Deposit: September 13, 2007

Person Making Deposit: Drew Greenhalgh